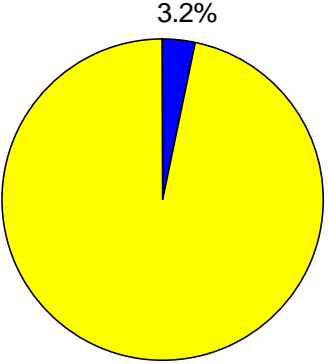


# Fairfax-Falls Church Community Services Board

## 106-13-Alcohol and Drug Youth Outpatient Treatment Services

Fund/Agency: 106		Fairfax-Falls Church Community Services Board
Personnel Services	\$2,729,326	<p style="text-align: center;"><b>CAPS Percentage of Agency Total</b></p>  <p style="text-align: center;">3.2%</p> <p style="text-align: center;">96.8%</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <span style="color: blue;">■</span> Alcohol and Drug Youth Outpatient Treatment Services  <span style="color: yellow;">■</span> All Other Agency CAPS         </div>
Operating Expenses	\$672,651	
Recovered Costs	\$0	
Capital Equipment	\$0	
<b>Total CAPS Cost:</b>	<b>\$3,401,977</b>	
Federal Revenue	\$270,617	
State Revenue	\$378,854	
User Fee Revenue	\$124,908	
Other Revenue	\$49,500	
<b>Total Revenue:</b>	<b>\$823,879</b>	
<b>Net CAPS Cost:</b>	<b>\$2,578,098</b>	
Positions/SYE involved in the delivery of this CAPS	42/42.57	

### ► CAPS Summary

**Alcohol and Drug Youth Outpatient Treatment Services** provides assistance to youth and their families through outpatient, court, and school-based programs. The purpose of Youth Outpatient Treatment Services is to intervene and treat those youth that are in the early stages of alcohol and drug use, or addiction.

The Youth Outpatient Treatment programs located at Chantilly, Falls Church, Franconia, and Reston provide a continuum of outpatient treatment services to the entire service area. ADS Youth Outpatient Sites, Forensics, and School Resource staff provide screening, assessment, and evaluation services for youth and their families to determine the extent of a substance abuse problem and the level of services needed. Treatment services, using an adolescent developmental approach, consist of education, early intervention, outpatient, day, and residential treatment. Outpatient services consist of primary care twice a week, including relapse prevention for three to six months. Family counseling occurs weekly in multifamily groups and individual family sessions are held at least monthly. Continuing Care is provided once a week thereafter for those youth and families who are interested. The mix and intensity

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of these services are based on the client's individual needs. "Stages of Change" is utilized in the treatment approach to address families' motivation for change. Alcoholics Anonymous and Narcotics Anonymous 12-step participation is also part of the program. Case management services are provided as a part of all of the above-mentioned components.

### Outpatient Services:

- Outpatient Services for youth consist of screening, assessment, evaluation, group counseling two or three times per week, individual and family substance abuse treatment, relapse prevention, and continuing care. Case management services are provided for all clients entering outpatient services.
- Outpatient Services are available for adolescents ages 13 to 18 and their families. Cases are referred from the Juvenile Court, Fairfax County Public Schools (FCPS), Mental Health Services, and the Department of Family Services.
- Outpatient Sites are located in Chantilly, Falls Church, Franconia, and Reston. All sites provide assessment and counseling services.
- Referrals are made by ADS to private service providers, depending upon the family's choice, their ability to pay, and insurance coverage.
- In addition, staff serve on all Comprehensive Services Act (CSA) Family Assessment and Planning Team (FAPT) meetings and Interdisciplinary Team (IDT) staffings.

### Juvenile Court Services:

- Assessment and evaluation services are provided in the CSB Forensics Office, Juvenile Detention Center, Less Secure Shelter, and Boys and Girls Probation Houses through Juvenile Court Forensics staff.
- Educational services are also provided in the Secure Detention Center and Less Secure Shelter, as well as the Boys and Girls Probation Houses on a weekly basis.
- Treatment services are provided at the Juvenile Detention Center Post-Dispositional Unit.
- Juvenile Court Judges and staff refer the youth and families.

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### School Services:

- ADS provides a three-day Substance Abuse Awareness Seminar at the Devonshire Center in conjunction with FCPS for students suspended or referred for substance abuse related issues by FCPS. Parents of students referred also are required to attend an evening substance abuse education group.
- Additionally, assessment and consultation services are provided to high schools and middle schools throughout the County. ADS School Resource Counselors are assigned to school clusters to work with school administrators, social workers, and guidance counselors to identify and intervene with youth who are exhibiting substance related problems.
- Parent education seminars are provided at various high schools throughout the school year.
- Liaison, consultation, and screening services are also provided to schools in the cities of Fairfax and Falls Church.

### **Quality Assurance and Staff Development**

For information on CSB's comprehensive Quality Improvement (QI) Plan, Risk Management Plan, and CSB-wide training and staff development initiatives, please refer to the Overview section.

Specific to this CAPS, CSB Alcohol and Drug Services (ADS) programs conduct client satisfaction surveys and collect measurements on face valid indicators supported by the Center for Substance Abuse Treatment and the Center for Substance Abuse Prevention. These face valid indicators include measures for improvements in reduced alcohol/drug use, reduced criminal/antisocial activity, and increased productivity in school or work.

### **Community Outreach**

Outreach efforts are conducted based on the specific goals of each service area. Outreach is conducted through Prevention, Crisis Intervention and Assessment, and Youth, Adult and Residential Services to reach at-risk and high-risk individuals throughout the community. The populations who are at-risk and high-risk include, but are not limited to, the indigent, language minorities, immigrant refugees from war-torn nations, those with HIV/AIDS, pregnant women and women with dependent children under the age of 18 that are engaged in substance abuse/addiction. Outreach strategies tailored to a specific program's mission and target population are employed.

Annually, ADS participates in the production of Public Service Announcements (PSAs). The PSAs have focused on Prevention, Youth Services, specialized programming, information related to the Communities that Care Youth Survey, and general information related to access of services, including signs and symptoms of abuse and addiction.

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### **Accomplishments**

ADS Youth Outpatient Services were recently redesigned to meet the treatment, scheduling, and financial needs of youth and their parents. Quicker access to services, a shortened screening and assessment process, and variable lengths of treatment intervention were arranged to accommodate the varying needs of the youth and families who were referred. As a result, more families are entering and staying in service. Additionally, a treatment site was established in the Chantilly area using State funds to make services more accessible to youth and their families in the western part of the County. This also coincided with the opening of the new Westfields High School.

Juvenile Court Services were also redesigned to merge mental health and ADS evaluation services in one location. Since space was not available in the Juvenile Court, services are provided at the Massey Building Annex, the most proximate and accommodating arrangement that could be made for families and the Court. Grant funding was also procured to provide mental health and substance abuse treatment services to youth sentenced to the Post-Dispositional Unit of the Juvenile Detention Center. Psychiatric evaluation services were also arranged. An award from NACo was received for this effort.

As part of the additional ongoing State funding included in the FY 1999 Carryover Review, the Prevention and Youth Services initiative was expanded. This service has resulted in the identification of additional youth being screened and assessed through the school system. Because of the increasing numbers of younger students being referred to the Substance Abuse Awareness Seminar, provided in conjunction with the FCPS, the seminar was redesigned to provide a separate screening, assessment and education track for junior high school youth. The program design is similar to the program that exists for high school youth, but has been separated into two tracks, one for the junior high school students and one for high school aged youth. In addition, a partnership has been developed with the Virginia Tech Family and Child Study Program to enhance the family services provided throughout the entire Youth Division. Monthly training for Family Counselors will be held this upcoming year.

### **Funding Sources**

Funding sources include Fairfax County; DMHMRSAS; the Substance Abuse Prevention and Treatment (SAPT) Federal Block Grant; FCPS for safe and drug free schools; and fees from clients and insurance companies.

### **► Trends/Issues**

The school-aged population in Fairfax and Falls Church has increased dramatically. As noted in the Task Force Report: A Study of Alcohol and Drug Use among the Youth in Fairfax County and confirmed with The Communities That Care survey of 8<sup>th</sup>, 10<sup>th</sup>, and 12<sup>th</sup> graders completed in January 2001, adolescent alcohol and drug use has increased over the past seven years. This data indicates that a significant number of youth are abusing alcohol and a variety of drugs. Alcohol, binge drinking, marijuana, hallucinogen, and heroin use is of great concern. This use increases significantly from 8<sup>th</sup> to 12<sup>th</sup> grade for all drugs. For high school seniors, 53.4 percent currently are using alcohol, 31 percent currently are binge drinking, and 22.4 percent currently are using marijuana. There is also an increasing number of youth who have mental health disorders, multi-problem families, and a propensity toward violence. ADS School Resource Counselors are available to meet the needs of approximately 76,000 middle and high school-aged youth for screening and intervention services.

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The change in County demographics has had a significant impact on service provision. There has been a major increase in Hispanic families seeking treatment. Because many of these parents do not speak English, recruitment and training of bilingual staff has increased and will need to continue to serve the growing needs of non-English speaking families seeking services.

### **Participant Characteristics**

Participants are adolescents ages 13 to 18 and their families. Youth referred have used a variety of drugs and frequently have mental health problems requiring additional services. They generally have a diagnosis of substance dependence, although some are diagnosed with substance abuse. Many are involved with private sector mental health treatment concurrently. About 45 percent of the youth referred are court-involved. At times, other family members have alcohol and drug problems that also require assessment and treatment.

ADS Youth Outpatient Services provides treatment to the mandated priority populations determined by DMHMRSAS. The priority population includes: individuals who are diagnosed with substance dependency; individuals who are diagnosed with substance abuse within a targeted population (women who are pregnant or who have custody of or live with dependent children under the age of 18, and individuals who fall within the adult mental health priority population who have severe diagnoses); and individuals who exhibit violent behavior related to substance abuse/addiction.

The requirement for interagency collaboration and the sharing of intervention efforts has become a standard of care and is mandated by the Comprehensive Services Act.

### **► Method of Service Provision**

All four outpatient programs are directly operated.

Hours of Operation: The four primary outpatient sites are operational Monday through Thursday from 9:00 a.m. to 9:00 p.m., and Friday from 9:00 a.m. to 6:00 p.m. Juvenile Court and school services are operational from 8:00 a.m. to 4:30 p.m.

### **► Performance/Workload Related Data**

Title	FY 1998 Actual	FY 1999 Actual	FY 2000 Actual	FY 2001 Actual	FY 2002 Estimate
Persons Served	1,539	1,471	1,354	1,328	1,465
*Hours of Service	30,985	26,531	26,427	26,752	31,921

\*Hours of service vary based upon the number of persons served and staff vacancies. It is expected that the hours of service will increase with the opening of the Chantilly Outpatient Site in FY 2002. This will depend on successfully leasing and building out space for the program.

### **Satisfaction Results**

In 2001, consumer satisfaction surveys were conducted in the Youth Division. The results have been used to improve the programs. Parent and youth comments were positive. Approximately 92 percent were satisfied, 6 percent were indifferent, and 2 percent were dissatisfied with services. As a normal part of our quality improvement effort, a formal program review is currently in progress. It is anticipated that an outcome study will commence in late 2001.

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### ► **Mandate Information**

This CAPS is Federally or State mandated. The percentage of this CAPS' resources utilized to satisfy the mandate is 26 - 50%. The specific Federal or State code and a brief description of the code follows:

- Code of Virginia Section 37.1-194 mandates provision of case management services as a core service within the Community Services Board (CSB) .
- Code of Virginia Section 37.1-197.1 mandates function of single point of entry into the publicly funded mental health, mental retardation, and substance abuse services system.

### ► **User Fee Information**

Subobject Code	Fee Title	FY 2002 ABP Fee Total
N/A	FY 2002 CSB Schedule of Fees. The current fee schedule is available in the Agency Overview.	\$124,908
Current Fee		Maximum Allowable Fee Amount
Once the treatment plan is determined, the fees for services will be set according to the FY 2002 CSB Fee Schedule.		N/A
<b>Purpose of Fee:</b> Fees are charged to offset the cost of providing treatment services.		
Levy Authority	Requirements to Change the Fee	Year Fee Was Last Adjusted
CSB Policy on Reimbursement  <u>Code of Virginia</u> Chapter 10, 37.1-197(7)	The CSB Schedule of Fees is reviewed and established annually by the CSB Board and submitted to the Board of Supervisors.  The client or other legally responsible party is responsible for paying the full fee for services. A client or other legally responsible party who is unable to pay the full fee may request a subsidy, supplemental subsidy and an extended payment plan.	
<b>Other Remarks:</b>		